

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000165

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 27

Primary Registration District No. 3005

Registrar's No. 3

FILED JAN 15 1963

1. PLACE OF DEATH

a. COUNTY

Bates

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Butler

Length of stay in 1b

Life

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Bates Co. Memorial Hosp

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Bates

admission)

c. CITY OR TOWN

Butler

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

112 Walnut

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

Daisy

Middle

Del

Last

Burris

4. DATE OF DEATH

Month

Jan.

Day

4, 1963

Year

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

11-25-1890

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Harrisonville, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Thomas Hawkins

13b. MOTHER'S MAIDEN NAME

Lucy Corder

14. NAME OF HUSBAND OR WIFE

J.H. Burris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

17. INFORMANT  
Helen F. Miller

5817 Nall Mission, Kans.

18. CAUSE OF DEATH (Enter only one cause)  
PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

Coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

10 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Other pneumonia of 27 days duration

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec. 7<sup>th</sup> - 62 to Jan. 3<sup>rd</sup> 63 and last saw her alive on Jan 3 - 63. Death occurred at 1:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

L. D. Laffey M.D.

22b. ADDRESS

212 N. Main Butler, Mo.

22c. DATE SIGNED

Jan. 5/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1-6-1963

23c. NAME OF CEMETERY OR CREMATORY

Crescent Hill Cem

23d. LOCATION (City, town, or county)

Bates Co., Mo.

(State)

24. FUNERAL DIRECTOR

Culver-Underwood

ADDRESS

Butler, Mo.

25. DATE RECD. BY LOCAL REG.

1-5-63

26. REGISTRAR'S SIGNATURE

Norma Jean Wilson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

0071

0071

3

4 1

5 2

6

7 0

8 2

9 420.1

10

11

12 1-0

13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John G. Henderson*

Licensed Embalmer No. 3565

P. O. Address Boulder Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.